

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Division of Developmental Disabilities

Employment Supports & Services

JOB SEARCH AGREEMENT**Individual Supported Employment Services**

CONSUMER'S NAME (<i>Last, First, M.I.</i>)	DATE
SUPPORT COORDINATOR'S NAME	DDD I.D. NO.
QUALIFIED VENDOR'S NAME	PHONE NUMBER (<i>Include area code</i>)
QUALIFIED VENDOR'S ADDRESS (<i>P.O. Box, No., Street, City, State, ZIP</i>)	
EMPLOYMENT OPPORTUNITY	

The purpose of this agreement is to delineate the services and supports to be provided including timeframes. This document should be updated and amended, as necessary.

Task No. 1 is pre-checked, as this is a requirement.

TASKS	HOURS
<input checked="" type="checkbox"/> 1. Participate in consumer's Individual Support Plan meeting to develop job search strategy and tasks necessary to achieve consumer's employment objective.	
Comments:	
<input type="checkbox"/> 2. Develop job market and wage information specific to the consumer's agreed-upon goal.	
Comments:	
<input type="checkbox"/> 3. Develop vocational exploration opportunities.	
Comments:	
<input type="checkbox"/> 4. Provide basic job preparation skills (e.g., resume writing, interviewing techniques, appropriate work attire, etc.).	
Comments:	
<input type="checkbox"/> 5. Identify prospective employers.	
Comments:	
<input type="checkbox"/> 6. Conduct an on-site job analysis or provide consultation to the employer concerning work-site or job modifications that may be needed.	
Comments:	

7. Assist consumer with application and interview process.

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Comments:

8. If necessary, provide short-term job coaching at the job site to assist the consumer in acclimating to the job.

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Comments:

9. Other

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Comments:

START DATE	END DATE	TOTAL HOURS - WEEKLY	TOTAL HOURS - MONTHLY
CONSUMER'S NAME		CONSUMER'S SIGNATURE	DATE
SUPPORT COORDINATOR'S NAME		SUPPORT COORDINATOR'S SIGNATURE	DATE
GUARDIAN'S NAME		GUARDIAN'S SIGNATURE	DATE
QUALIFIED VENDOR'S NAME		QUALIFIED VENDOR'S SIGNATURE	DATE
EMPLOYMENT PROGRAM SPECIALIST'S NAME		EMPLOYMENT PROGRAM SPECIALIST'S SIGNATURE	DATE
DPM/DESIGNEE'S NAME		DPM/DESIGNEE'S SIGNATURE (<i>Approval</i>)	DATE

Routing: Original – Support Coordinator, Copy - Consumer/Consumer's Representative, Copy – District File

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TDD Services: 7-1-1.